



Atty. Dkt. No. 040302-0381

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant: Kiyoshi HASEGAWA et al.
Title: LAPPING APPARATUS AND LAPPING METHOD
Appl. No.: Unassigned
Filing Date: February 10, 2004
Examiner: Unknown
Art Unit: Unknown

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Kiyoshi HASEGAWA
Masahiko IIZUMI
Masahiro OMATA
Takashi OGINO
Tomohiro KONDO
Kazuo TAKEDA
Takafumi WATANABE
Yoshiyuki CHIDA
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Enclosed are:

- [X] Specification, Claim(s), and Abstract (47 pages).
- [X] Formal drawings (22 sheets, Figures 1-23B).
- [X] Declaration and Power of Attorney (5 pages).
- [X] Assignment of the invention to NISSAN MOTOR CO., LTD.

- ☒ [X] Assignment Recordation Cover Sheet.
- ☒ [X] Information Disclosure Statement.
- ☒ [X] Form PTO/SB/08 with copy of 1 listed reference(s).
- ☒ [X] Application Data Sheet (37 CFR 1.76).
- ☒ [X] Claim for Convention Priority with 2 certified Japanese priority documents.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total	16	- 20	= 0 x	\$18.00 =	\$0.00
Claims:					
Independents	3	- 3	= 0 x	\$86.00 =	\$0.00
:					
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
				SUBTOTAL:	\$770.00
[] Small Entity Fees Apply (subtract 1/2 of above):				=	\$0.00
				TOTAL FILING FEE:	\$770.00
Assignment Recordation Fee:			+	\$40.00 =	\$40.00
TOTAL FEE				=	\$810.00

- ☒ [X] A check in the amount of \$810.00 to cover the filing fee and fee for recordation of Assignment is enclosed.
- ☐ [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date February 10, 2004

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Respectfully submitted,

By _____

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